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NO. OF COPIES RECEIVED	Form C-103
DISTRIBUTION HOBBS OFFICE 9. 9. 6.	Supersedes Old
SANTA FE NEW MEXICO OIL CONSERVATION COMMISSION	C-102 and C-103 Effective 1-1-65
	5a. Indicate Type of Lease
LAND OFFICE CORRECTED COPY	State Fee X
OPERATOR	5. State Oil & Gas Lease No.
SUNDRY NOTICES AND REPORTS ON WELLS	
USE "APPLICATION FOR PERMIT** (FORM C-101) FOR SUCH PROPOSALS.)	
1. OIL GAS GAS WELL OTHER-	7. Unit Agreement Name
2. Name of Operator	8. Farm or Lease Name
Union Texas Petroleum Corporation	
3. Address of Operator	9. Well No.
1300 Wilco Bldg, Midland, Texas	6
4. Location of Well	10. Field and Pool, or Wildcat
UNIT LETTER 660 ' FEET FROM THE South LINE AND 660 FEET FROM	Cato (San Andres)
THE EAST LINE, SECTION 9 TOWNSHIP 8-S RANGE 30-E NMPM.	
15. Elevation (Show whether DF, RT, GR, etc.)	12. County
4108' GL (Est)	Chaves
Check Appropriate Box To Indicate Nature of Notice, Report or Oth	ner Data
	REPORT OF:
PERFORM REMEDIAL WORK	ALTERING CASING
TEMPORARILY ABANDON COMMENCE DRILLING OPNS.	PLUG AND ABANDONMENT
PULL OR ALTER CASING	
OTHER	
OTHER	
17. Describe Proposed or Completed Operations (Clearly state all pertinent details, and give pertinent dates, including	estimated date of starting any proposed
work) SEE RULE 1 103.	
Spud 6:30 PM 1-28-67	
1-29-67 TD 510' - ran 8-5/8" 20# new casing & set at 507'	S comparts d = /200 and
Cmt circulated 100 24 hrs Teated 9 5/01 cost	a cemented w/300 sx.
Cmt. circulated. WOC 24 hrs. Tested 8-5/8" casin minutes. Tested OK.	g to 1000# for 30
minutes. Tested OK.	
Deschod TD 24501 at 5 15 DV 0 0 47	
Reached TD 3450' at 5:15 PM 2-2-67	•
1-3-67 TD 3450' - ran $4\frac{1}{2}$ " OD 9.5# new casing and set at 3	448', and cmtd. w/300
sx. Top of cmt. outside of 4%" casing by TS at 25	30' WOC 24 hrs
Tested $4\frac{1}{2}$ " casing to 1000# for 30 minutes. Tested	OK
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NOTE: This is being filed to change location from 1980' FS	
solet into its bound tried to change location from 1980 FS	L CO GOU FSL.
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief.	
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	2_15 67
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNED TITLE Office Supervisor	DATE <u>2-15-67</u>
	DATE <u>2-15-67</u>
18. I hereby certify that the information above is true and complete to the best of my knowledge and belief. SIGNED TITLE Office Supervisor APPROVED BY	DATE <u>2-15-67</u>

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